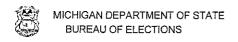
COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 7-23-12 to 8-27-2012
1. Committee I.D. Number	4. Candidate Last Name First Name, M.I.
150605	Daniels Kellic R. 4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name	
Committee to Elect Kellick.	Bay County Register of Deeds
Daniels For Bay Crunty Regist 5. Committee's Mailing Address of Deed's	Ab. County of Residence Say
5. Committee's Mailing Address O' Veed'S	
693 E. Cody Estey	Kellie R. Daniels
Pincenning mI 48650 Area Code and Phone 989-879-6569	693 E. Cody Estey Rd
Area Code and Phone 989-879-6569 If the address in this box is different from the committee	Pincenning m1 48650
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 989-879-6569
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
The state of the s	Kellie R. Daniels
<u> </u>	693 E. Cody Estey Kd.
CT3	Pinconning MI 48650
Area Code and Phone	Area Code and Phone 989-879-6569
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary	eral 9e Dissolution of Candidate Committee
Convention	Effective Date of Dissolution
	9-10-2012
Special Caud	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
8-7-2012	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re	quired Campaign Statements. The Campaign Statements must include all applicable iditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
Schedules. Direct contributions, in-kind contributions, loans, expeling any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany the before the filling deadline of a required campaign statement.	norures, and outstanding debts count against the \$1,000 Reporting Walver threshold. ed since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Walver is not received on or lat campaign statement cannot be walved.
- · · · · · · · · · · · · · · · · · · ·	in the preparation of this statement and attached schedules (if any) and to the best of
Current Tressurer or	\sim \sim \sim \sim
Designated Record keeper Kellie) anic(5	
Candidate Kellie R. Daniels	1 Sellie Tenes Date 9-10-2012
Type or Print Name	≸ignature



SUMMARY PAGE

1. Committee I.D. Number	1501	e05

Committee to Elect Kellie R. Daniels for 2. Committee Name Bay County Register of Deeds

CANDIDATE COMMITTEE		1 7 3
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	\mathcal{O}	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	- 6	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1360.38	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$:
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b. + Line 8c)	(9.) s 1360.38	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
 b. Uniternized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) 	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
•	BALANCE STATEMENT	-
13. Ending Balance of last report filed	(13.) s <u>1360.38</u>	,
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 1360.38	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ 1360.38	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$*	



SCHEDULE 1B CANDIDATE COMMITTEE

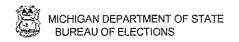
1. Committee I. D. Number 150605

Committee to Elect Kellic R. Daniels
2. Committee Name for Bay County Register of Deeds

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Da	te 6. Amount
Expenditure #1		
Name Kellie R. Daniels Address Ga3 E. Cody Estey Pinwnning mI 48650	9-10-	12 \$ 1360,38
Address Codu FS+81	Purpose: Sepayment of Coan Date	
Original Control of	Click Here for !	Memo Itemization Type
Find nning mI 48650	Check box if this expenditure is payment of debt or obligation reported on previous	
Expenditure #2	statement	
·		
Name		\$
Address	Purpose:	
,		
	Click Here for M	Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name		•
		\$
Address	Purpose:	: ė —
	Click Here for N	Memo Itemization Type
	Check box if this expenditure is payment of	• •
Fund Raiser	debt or obligation reported on previous	
Expenditure #4	statement	
Name		•
		<u> </u>
Address	Purpose:	· ———
		· · · · · <u>-</u>
	Click Here for N	lemo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #5		
Name		
Address	Primose: Date	\$
Address	Purpose: Date	.
·	Click Here for M	lemo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	·
	Subtotal this pa	age 1360.38
	Grand Total of all Schedules (Complete on last page of Schedules)	11// 1/ 4/ 1

Enter this total on line 8a of Summary Page

Page of



DEBTS AND OBLIGATIONS SCHEDULE 1E

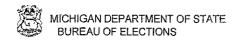
1. Committee I.D. Number

150605

Committee to Elect Kellie R. Daniels for Bay County Register of Deeds

Summary Page

CANDIDATE COMMITTEE 2. C	ommittee Name			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: loan	<u> </u>		
Kellie Daniels	5. Date Debt Was Incurred:	s	:	
693 E. Cody Estey Road	06/25/12			•
Pinconning, MI 48650	6. Original Amount of Debt	6 12 12 - D 00 (b)	\$	\$ <u>000,00</u>
	\$ 200.00	9-10-12 \$ 200,00	į	FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	\$		
cellie Daniels	5. Date Debt Was Incurred:	\$		·
J93 E. Cody Estey Road	6/27/12			
Pinconning, MI 48650	6. Original Amount of Debt:	0.16.17.22.1/2	\$	\$ 231.42
	<u>\$ 231.42 </u>	9-14-12\$ 231.42		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				
Debt #3 Corp? Yes Owed to or by:	4. Type: loan	\$		
Kellie Daniels	5. <u>Date Debt Was Incurred</u> :	\$		
693 E. Cody Estey Road	6/28/12	\$		2 62
Pinconning	6. Original Amount of Debt:	9-10-12 \$ 1360,38	\$	s 19383
	_{\$1483.21}			FORGIVEN
	•	<u> </u>		
If bank loan, name of endorser or guarantor:		An	ount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	ф
(Co	omplete on last page of Schedule s	Grand Total of showing amounts owed by or	of all Schedules 1E	-0-
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.			Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page	



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

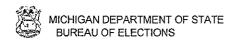
150605

	Committee to I	Elect Kellie R. Daniels for	r Ray County Rea	istor of Doods
CANDIDATE COMMITTEE 2. C	ommittee Name	LICOLINGIA IV. Dameis ioi	- Day County (Veg	
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Chec	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o irpose checked.)	r forgiven <u>by</u> the cor	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: loan	\$		
Kellie Daniels 693 E. Cody Estey Road Pinconning, MI 48650	5. <u>Date Debt Was Incurred</u> : 01/04/12 6. <u>Original Amount of Debt</u> : \$_44.52	\$ \$ 9-10-12-\$ 44.52 \$	\$	\$ 44.52
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: 'ellie Daniels J93 E. Cody Estey Road Pinconning, MI 48650	4. Type: loan 5. <u>Date Debt Was Incurred</u> : 2/15/12 6. <u>Original Amount of Debt</u> : 300.00	\$ 9-10-12 \$ 300.00 \$ \$	\$	\$ <u>300,€</u> ⊠ FORGIVEN
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by: Kellie Daniels 693 E. Cody Estey Road Pinconning	4. Type: loan 5. Date Debt Was Incurred: 6/29/12 6. Original Amount of Debt: \$ 37.10	\$ \$ 9-(6-12 s 37.10 \$	\$	\$_37.10 X FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	0
(Co	omplete on last page of Schedule s	Grand Total	of all Schedules 1E	4

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

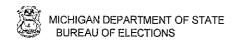
Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

Page 2 of 4



DEBTS AND OBLIGATIONS 1. Committee I.D. Number 150605

	Committee I.D. Number			
SCHEDULE 1E	Committee to	Elect Kellie R. Daniels for	Bay County Regi	ster of Deeds
CANDIDATE COMMITTEE 2.	Committee Name	Licot None IX. Dameio ioi	Day County Negi	
This Schedule itemizes:				
aDebts and obligations owed by or forgiven the co (Ch	mmittee OR b. X Debi	ts and obligations owed <u>to</u> or urpose checked.)	forgiven <u>by</u> the cor	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: loan	s		
Kellie Daniels 693 E. Cody Estey Road Pinconning, MI 48650	5. <u>Date Debt Was Incurred</u> : 12/22/11 6. <u>Original Amount of Debt</u> : \$ 221.00	\$ 	\$	\$ <u>@21.⁶⁰</u> Forgiven
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	\$		
rellie Daniels J93 E. Cody Estey Road Pinconning, MI 48650	5. <u>Date Debt Was Incurred</u> : 1/4/12 6. <u>Original Amount of Debt</u> : \$ 200.00	\$ 9-10-12\$ 200, w	\$	\$200, (i) FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by: Kellie Daniels 693 E. Cody Estey Road Pinconning	4. Type: loan 5. Date Debt Was Incurred: 1/25/12 6. Original Amount of Debt: \$ 51.00	\$ 9-10-12 s 51,00	\$	\$_51.00 X FORGIVEN
If bank loan, name of endorser or guarantor:		. \$	nount Endorsed: \$	FORGIVEN
and a second second of guarantor.			.σ Επασίσσα. Ψ_	
(•	Complete on last page of Schedule	Grand Total of	(Outstanding debt) of all Schedules 1E r to the committee)	O Control of the state of the s
A debt or obligation must be shown on this Scheothis Campaign Statement or it was forgiven during			osing date of	Enter this total on line 12a "owe by"" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

150605

Committee to Elect Kellie R. Daniels for Bay County Register of Deeds

CANDIDATE COMMITTEE 2.C	ommittee Name		- Day County riog	
This Schedule itemizes:				
Debts and obligations owed <u>by</u> or forgiven the committee OR b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)				
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: loan	\$		
Kellie Daniels 693 E. Cody Estey Road Pinconning, MI 48650	5. <u>Date Debt Was Incurred</u> : 07/17/12 6. <u>Original Amount of Debt</u> : \$_76.32	\$ 	\$	\$ 76.32
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> :	\$ \$ - \$	\$	\$
If bank loan, name of endorser or guarantor:	\$	\$\$	ount Endorsed: \$_	FORGIVEN
Debt #3 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> :	\$ \$ \$	\$	\$
If bank loan, name of endorser or guarantor:	\$	\$An	nount Endorsed: \$_	FORGIVEN
		Page Subtotal	(Outstanding debt)	0
(Ce	emplete on last page of Schedule s	Grand Total o	of all Schedules 1E	0.

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page